



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

03 CO
Hyp

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/006,252
		Filing Date	12/04/2001
		First Named Inventor	Broekaert, et al.
		Group Art Unit	N/A
		Examiner Name	NA
Total Number of Pages in This Submission		Attorney Docket Number	SYN-034-DV

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/>
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/>
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/>
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/>
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/>
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/>
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Declaration Pursuant to Sec. 1.821-1.825 Paper copy and diskette containing substitute Seq. Copy of Notice to Comply with Sequence Listing R Return Receipt Postcard	

DATE: _____



DISK TO STIC

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Colleen Superko, Reg. No. 39,850
Signature	
Date	04/05/2002

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commission for Patents, Washington, DC 20231 on this date:

April 5, 2002

Typed or printed name	Teresa Carvalho
Signature	
	Date
	04/05/2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.